

ACCOUNT #	CHECK #
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YOU ARE AUTHORIZED TO	ON (Submission Date)	IS CHECK TO BE REISSUED	FOR TREASURER'S USE ONLY
<input type="checkbox"/> STOP PAYMENT <input type="checkbox"/> RELEASE STOP PAYMENT		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAYMENT STOPPED

REASON

<input type="checkbox"/> STOLEN OR MISSING BLANK STOCK CHECK(S)	<input type="checkbox"/> STALE DATED CHECK (OVER 4 YEARS OLD) ATTACHED COPY FORM 402 (BLANKET STOP PAYMENT)	<input type="checkbox"/> OTHER _____
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ISSUING AGENCY MAILING ADDRESS		ACCOUNT NAME			
		PAYEE NAME			
		ISSUE DATE	AMOUNT		
			\$		
AGENCY CONTACT PERSON (Type or Print)		TELEPHONE NUMBER (ATSS)		STATE TREASURER'S ACKNOWLEDGEMENT	
				<input type="checkbox"/> STOP PAYMENT <input type="checkbox"/> NOT CHECKED FOR PAYMENT <input type="checkbox"/> RELEASE	
AGENCY AUTHORIZED SIGNATURE		TREASURER'S AUTHORIZED SIGNATURE		DATE EFFECTIVE	